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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/166,445 10/05/1998 PAT 6,713,481  
 which claims benefit of 60/061,231 10/07/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**\*\* 05/17/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 10	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>LB</u> Initials				

**ADDRESS**

24285

SCHERING-PLOUGH CORPORATION

PATENT DEPARTMENT (K-6-1, 1990)

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KENILWORTH, NJ

07033-0530

**TITLE**

Crystalline antifungal polymorph

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input checked="" type="checkbox"/> All Fees
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